

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| In re application of: Dunkley et al. Application No: 10/821,624 Confirmation No: 8935 Filed: April 9, 2004 Title: AEROSOLIZATION APPARATUS WITH CAPSULE PUNCTURE ALIGNMENT GUIDE | Group No: 3771 Examiner: Matter, Kristen Clarette Attorney Docket No: 53315-US-CNT (NK.0197.00) May 4, 2009 San Francisco, California 94107 |
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| Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Via EFS <input checked="" type="checkbox"/> Reply Brief <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return | Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 0.00</td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. | Extension (Months) | Extension Fee | | | Large Entity | Small Entity | <input type="checkbox"/> One Month | \$130.00 | \$65.00 | <input type="checkbox"/> Two Months | \$490.00 | \$245.00 | <input type="checkbox"/> Three Months | \$1,110.00 | \$555.00 | Total \$ 0.00 | | |
|--|---|--------------------|---------------|--|--|--------------|--------------|------------------------------------|----------|---------|-------------------------------------|----------|----------|---------------------------------------|------------|----------|----------------------|--|--|
| Extension (Months) | Extension Fee | | | | | | | | | | | | | | | | | | |
| | Large Entity | Small Entity | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One Month | \$130.00 | \$65.00 | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two Months | \$490.00 | \$245.00 | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three Months | \$1,110.00 | \$555.00 | | | | | | | | | | | | | | | | | |
| Total \$ 0.00 | | | | | | | | | | | | | | | | | | | |

| Fees for Extra Claims | | | | | | |
|---|----------------------------------|------------------------------------|--------------|--------------|--------------|----------------|
| | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate | | Additional Fee |
| | | | | Large Entity | Small Entity | |
| Total Claims | 11 | 46 | 0 | \$52.00 | \$26.00 | \$0.00 |
| Independent Claims | 2 | 5 | 0 | \$220.00 | \$110.00 | \$0.00 |
| Multiple Dependent Claims | | | 0 | \$390.00 | \$195.00 | \$0.00 |
| Supplemental Information Disclosure Statement | | | | | | |
| Total | | | | | | \$0.00 |

| | | | | | | | |
|--|----------------|--------|-----------------------|--------|--------------|---------------|---|
| Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Extension Fees</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$0.00</td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$ 0.00. CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or electronically transmitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>May 4, 2009</u> Melanie Hitchcock | Extension Fees | \$0.00 | Fees for Extra Claims | \$0.00 | Total | \$0.00 | Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, #106 San Francisco, California 94107 Respectfully Submitted, By: <u>Guy V. Tucker</u> Date: <u>May 4, 2009</u> Guy V. Tucker Registration No. 45,302 |
| Extension Fees | \$0.00 | | | | | | |
| Fees for Extra Claims | \$0.00 | | | | | | |
| Total | \$0.00 | | | | | | |